

NIHR Greater Manchester PSTRC

Plain English Publication Summary

Publication: [Temporal trends in primary care-recorded self-harm during and beyond the first year of the COVID-19 pandemic: time series analysis of electronic healthcare records for 2.8 million patients in the Greater Manchester Care Record](#)

Publication details (Vancouver format)

Stegg S, Bojanic L, Tilston G, Williams R, Jenkins DA, Carr MJ, Peek N, Ashcroft DM, Kapur N, Voorhees J, Webb RT. Temporal trends in primary care-recorded self-harm during and beyond the first year of the COVID-19 pandemic: time series analysis of electronic healthcare records for 2.8 million patients in the Greater Manchester Care Record. EclinMed.

What are the most important findings/conclusions in this paper? Why are they important?

In April 2020 the number of self-harm episodes recorded in Greater Manchester primary care was around a third lower than in February 2020. We also found longer-term reductions, for example, between August 2020 and May 2021, the number of episodes was around a tenth lower than expected. These longer-term falls were largest for men and people living in the most deprived neighbourhoods. There was also a small increase in self-harm episodes by young people aged 10 to 17 years.

People in Greater Manchester are now more likely to seek help for self-harm than during the first wave of COVID-19 in spring/summer 2020. However by May 2021, the number of people accessing healthcare for self-harm was still lower than before the pandemic. This could be because people aren't seeking help from health services in the way they did before the pandemic. Some people could be accessing other types of support, while others may not be receiving any support. Access to care may be still be more unequal than before the pandemic, with men and people living in the poorest areas less likely to seek help.

What did you do?

We used data from the Greater Manchester Care Record to compare monthly numbers of self-harm episodes recorded in primary care. We studied 33,444 episodes of self-harm by 13,148 people recorded between 1 January 2019 and 31 May 2021.

We explored findings by age groups, gender, level of social deprivation (a measure of poverty and access to services) and ethnic group. People with experience of self-harm, and carers, were involved in designing the study and making sense of and sharing the findings.

Why did you conduct this research?

Self-harm is a common reason for people to seek help from health services and it is linked to suicide risk. Looking at trends over time in self-harm is an important part of understanding a population's mental health. It is also essential in assessing the mental health impacts of COVID-19.

What was known before your paper was published?

Before this study, very little was known about the longer-term impact of the pandemic on contact with health services for self-harm. During the first wave of COVID-19, in spring and summer 2020, the numbers of people seeking help after harming themselves fell by around one third. However, the longer-term impacts on self-harm were not clear, despite national and local restrictions into mid-2021.

What is next? What is the potential impact of the work in this paper? What will change as a result of this paper (or the study it describes)?

This study is important for understanding the unmet need among patients who have self-harmed. It also helps understand the demand faced by health services. Future work includes looking at the types of treatment received by people who are in contact with primary care services after harming themselves.

Does this paper link in to a particular study / project? If so, please summarise the study and explain how this paper has improved understanding, or will move the study forward.

This paper is part of a [project](#) that examines the impact of the pandemic on self-harm. The project uses data from anonymised (where details that identify people have been removed) electronic healthcare records across the UK.